

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	18/07/2022 16:14 (SGT)
Reported by	Both
Date of Accident	16/07/2022 20:50 (SGT)
Exact Location of Accident	Jurong West Street 41, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2741E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEOH YONG MENG
NRIC No	SXXXX449C
Email Address	steelallymom@gmail.com
Mobile Phone No	(Phone) +65-90082287
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00090112204

DRIVER

Name of Driver	TEOH YONG MENG
NRIC No	SXXXX449C
Date Of Birth	30/11/1972
Occupation	Indoor

Date Of Driving Pass	18/01/1994
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90082287
Alt. Phone Number	-
Email Address	steelallymom@gmail.com
Address	BLK 443D FAJAR RD
Address complement	#13-54
Postcode	674443
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS961C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	SHARIFAH NOR'AIN BINTE SYED MOHAMED RAZALI
NRIC No	SXXXX840A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHARIFAH NOR'AIN BINTE SYED MOHAMED RAZALI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HAND DISLOCATE
Injured person in which vehicle?	FBS961C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

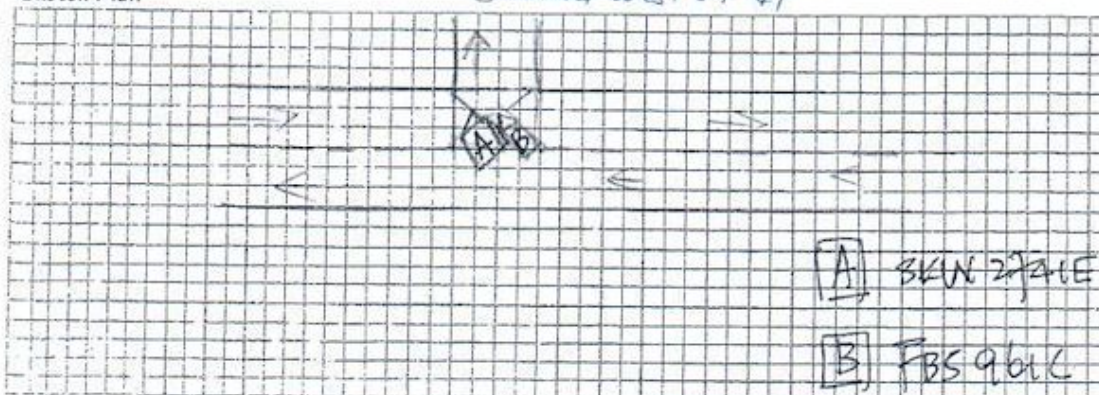
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

ROSLINAH BINTE A WAHAD
Witnessed by Reporting Centre Personnel 18/07/22

Sketch Plan




Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time

ROSLINAH BINTE A. WAHAB
Witnessed by Reporting Centre
Personnel 18/07/22



**SINGAPORE
POLICE FORCE**



T/20220716/2101

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 4

Report No: T/20220716/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW2741E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000901 12204	23/04/2022	22/04/2023

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	SHARIFAH NOR'AIN BINTE SYED MOHAMED RAZALI	ID No.	S9531840A
Related Vehicle	FBS961C (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver

Name	TEOH YONG MENG	ID No.	S7244449C
Related Vehicle	SKW2741E (Car)	Contact No.	90082287
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

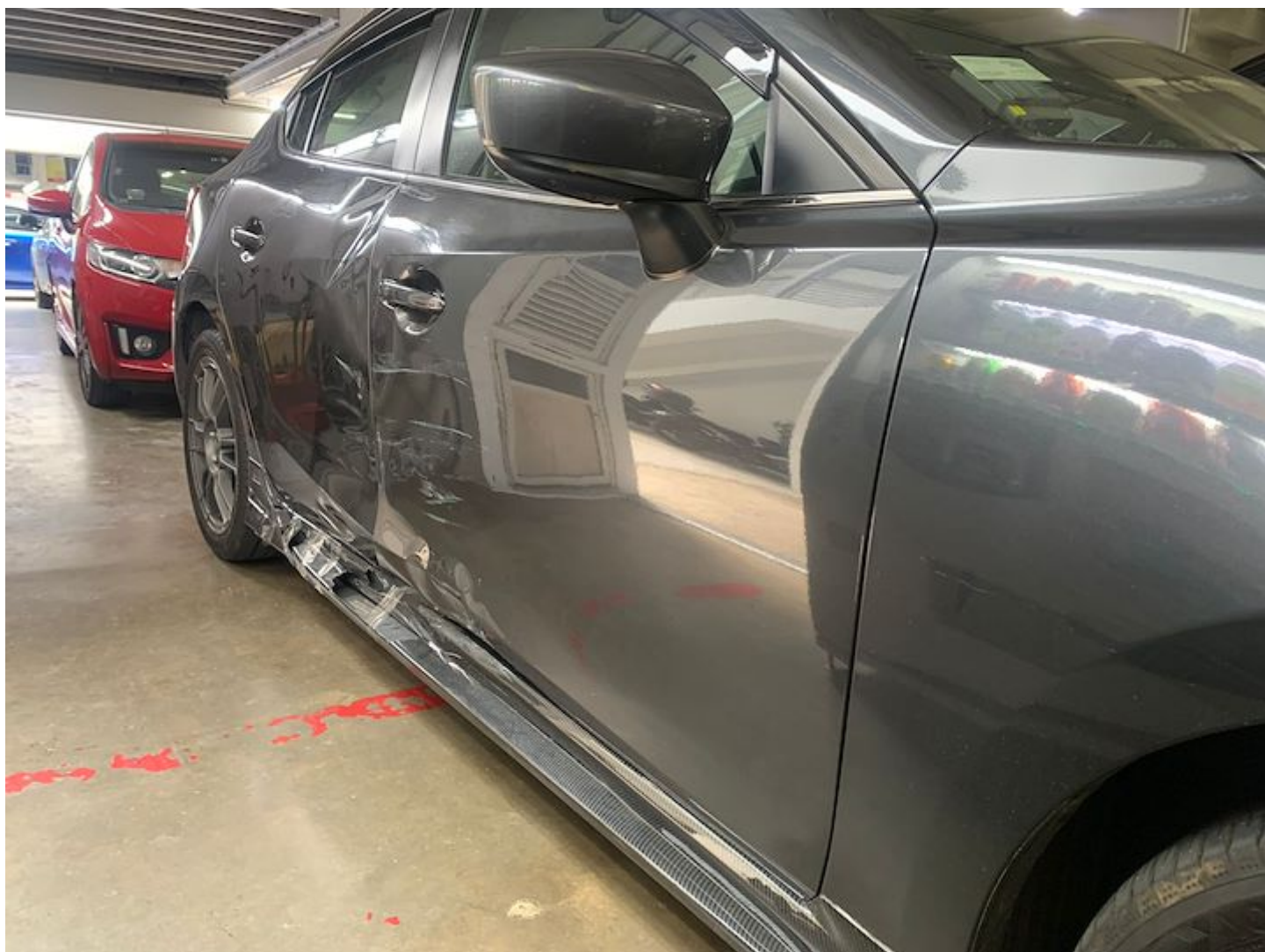
Brief Details.

On the 16/07/2022 at about 2050hrs, I was driving my car (SKW2741E) along Jurong West 41 and I was turning right to enter the carpark. I had signaled before turning and I had checked on my blind spot. My car had already exited the lane and I was in the yellow box of the opposite lane to enter the cluster and subsequently I felt that something had hit my car and noticed that a motorbike (FBS961C) had collided in to my right side and her motorbike had skidded to the entrance of the carpark. I then stepped on my brakes and exited my vehicle immediately. I then made a check on the rider and I noticed that her left hand looked like it was dislocated therefore I had called for the ambulance. I would like to state that I had overheard the rider mentioned that she had intended to overtake my vehicle however I had already turned out thus she had collided in to my vehicle.

The ambulance then came and made a check on the rider and had conveyed her to the nearest hospital. The police then arrived and had took my in car camera SD card for their investigation.

















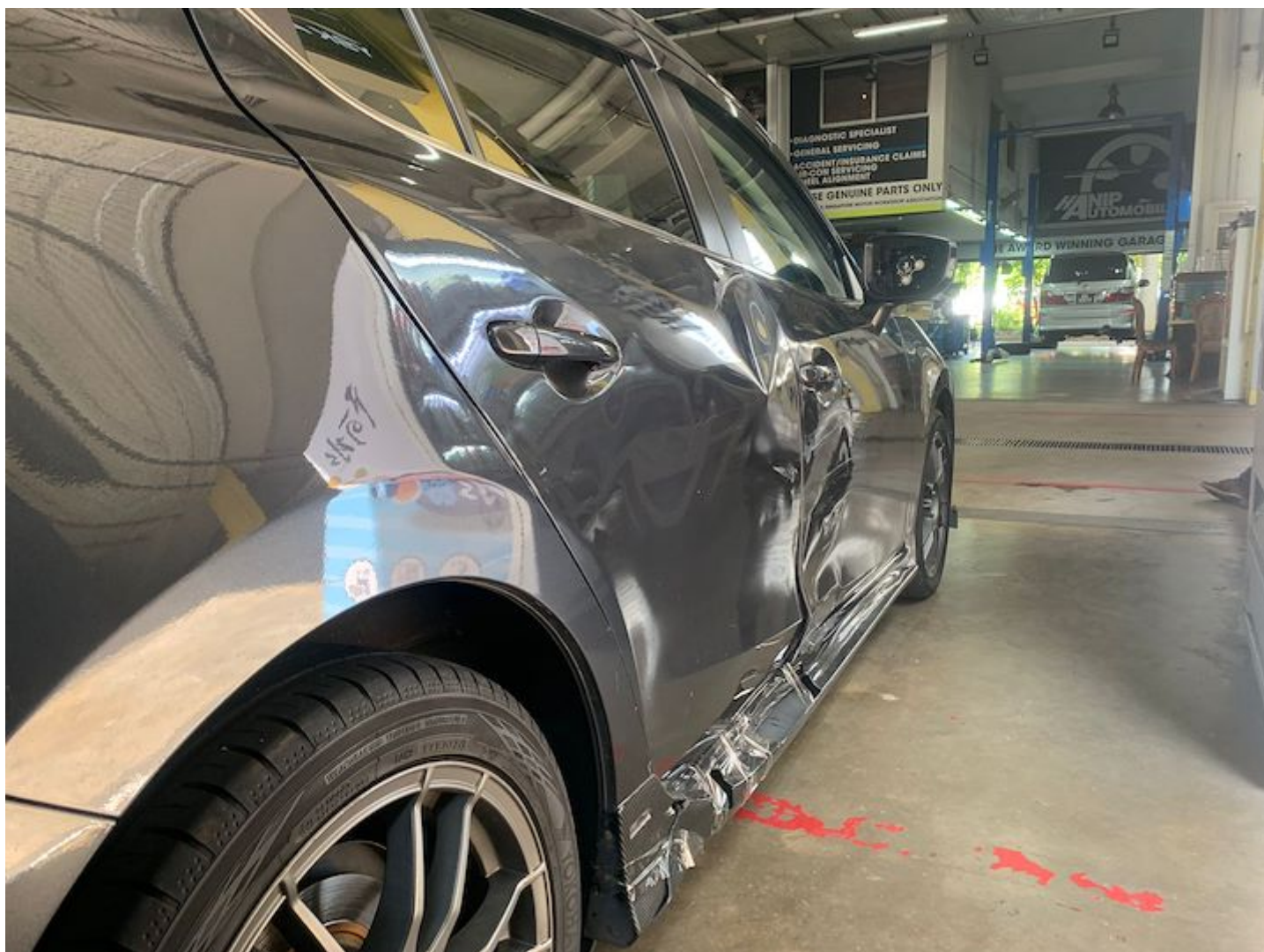















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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4

Report No: T/20220716/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2022 23:59	Vide Report No.: T/20220716/2099	Station Diary No.: 108
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Informant's Particulars

Name of Informant: TEOH YONG MENG			Address: APT BLK 443D FAJAR ROAD #13-54 SINGAPORE 674443	
ID Type / ID No.: NRIC NO / S7244449C			Contact No.: Home/Office: Mobile: 90082287	
Nationality SINGAPORE CITIZEN			Email steelalymom@gmail.com	
Sex: Male	Age: 49	Date of Birth: 30/11/1972	Type of Informant, Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/07/2022 20:50	Type of Location: Car Park
Location JURONG WEST STREET 41				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS961C	Motorcycle					0
SKW2741E	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP,6EAT	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
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T/20220716/2101

Police Station Of Origin:
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Report No: T/20220716/2101

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Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	SHARIFAH NOR'AIN BINTE SYED MOHAMED RAZALI	ID No.	S9531840A
Related Vehicle	FBS961C (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



Driver

Name	TEOH YONG MENG	ID No.	S7244449C
Related Vehicle	SKW2741E (Car)	Contact No.	90082287
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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4 of 4
Report No: T/20220716/2101

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /
SGT 1 YAP YU PENG

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
16/07/2022 23:59

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT ABDUL RAHIM BIN SALIM
Contact No.: 65476433

Classification Of Case:

NP168